

LOT SPLIT APPLICATION

CITY OF OWASSO

FEE: \$100.00

NOTE: Three copies of a sketch, plat of survey or other type of drawing that will accurately depict the proposed split **MUST BE** attached to this application.

APPLICATION NO.
S T R
RECEIPT NO.

THE FOLLOWING INFORMATION IS TO BE SUPPLIED BY APPLICANT

NAME OF RECORD OWNER	WHAT IS THE PRESENT USE OF THE TRACT?
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LEGAL DESCRIPTION OF EXISTING UNDIVIDED TRACT, THAT YOU PROPOSE TO SPLIT, AS SHOWN ON THE RECORD OF THE COUNTY CLERK.

FIRST TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			CITY	WELL OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			SEWER	SEPTIC OTHER
SECOND TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			CITY	WELL OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			SEWER	SEPTIC OTHER
THIRD TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			CITY	WELL OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			SEWER	SEPTIC OTHER
FOURTH TRACT TO BE CREATED	LEGAL DESCRIPTION OF PROPOSED TRACT	INST. RELEASED	SOURCE OF WATER SUPPLY FOR THIS TRACT	
			CITY	WELL OTHER
			TYPE OF SEWAGE DISPOSAL TO BE AVAILABLE FOR THIS TRACT	
			SEWER	SEPTIC OTHER

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY?

PRESENT OWNER
 PURCHASER
 ATTORNEY FOR OWNER
 OTHER

If other than present owner, give name, address and phone number of present owner.	NAME	ADDRESS	PHONE

I certify that this information is true and correct.	NAME	ADDRESS	PHONE

FOR COMMISSION USE

L. NO.	LOCATION CODE S. T. R.	SUBDIVISION NAME
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ZONING REQUIREMENT	MAJOR STREET PLAN REQUIREMENT	UTILITY EASEMENT NEEDS	HEALTH DEPT. NEEDS
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ACTION RECOMMENDED TO THE PLANNING COMMISSION	ACTION TAKEN BY THE PLANNING COMMISSION	DATE	CONDITION:
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